To: Mr. Kenneth Little  
Assistant Director  
Graduate Cooperative Education  
Division of Professional Practice 0260  

From: Associate Chair for Graduate Affairs  
School of Electrical and Computer Engineering  

Date: ____________________________  

Subject: Graduate Co-Op Approval for ____________________________ (student name and GTID)  

*Please note that this is only for the ___________________ term (one term only). (term/year)  

TO BE COMPLETED BY STUDENT’S RESEARCH ADVISOR (where applicable)  

Is the student named above making good degree progress? Yes ☐ No ☐  
Is the student recommended for co-op in the term indicated above? Yes ☐ No ☐  
What is the term and year of the student’s expected graduation date? ____________________________  
(To be completed by advisor)  

Research Advisor’s Signature ____________________________ Date ____________________________  

FOR MAJOR SCHOOL GRADUATE COORDINATOR ONLY  

Does this student meet the school’s requirements for participation in the Graduate Co-Op Program? Yes ☐ No ☐  
Does the school recommend the student for the Graduate Co-Op program? Yes ☐ No ☐  
Has this student met his/her degree requirements and/or coursework requirement in order to graduate? Yes ☐ No ☐  
Has this student submitted a degree petition to graduate? Yes ☐ No ☐  
If so, what term? ____________________________  

Graduate Coordinator ____________________________ Date ____________________________  

NOTES: Attach copy of offer letter to this form.